DECLARATION AND POWER OF ATTORNEY

Docket No.: 5015.1005

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

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Application Serial Number					Day/Month/Year Filed			Status					
Application Serial Number And I hereby appoint Clifford M. Davidson, Reg. No. 32					Day/Month/Year Filed			Status					
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Full name of sole or first Inventor	Horst BANSE	EMIR				Full na additio	me of nal Inventor	Jyrki	MAJAN	MAEKI			
Inventor's signature			." "			Invento	or's signature						
Date						Date						<u>-</u> .	
Residence	Munich, Gerr		Reside	nce	Unterhaching, Germany								
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Citizenship	Germany					Citizen	ship	Finlar	nd				• •

Citizenship

Citizenship

DECLARATION AND POWER OF ATTORNEY

Docket No.: 5015.1005 Full name of additional Full name of Anton BERGMANN Inventor Walter OEFNER additional Inventor Inventor's Inventor's signature signature Date Date Otterfing, Germany Residence Prien, Germany Residence Kampenwandstrasse 14d, Palnkamerstrasse 22a, Post Office Post Office D-83209 Prien, Germany D-83624 Otterfing, Germany Address Address Citizenship Germany Citizenship Germany Full name of additional Full name of additional Inventor Inventor inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of additional Full name of additional Inventor Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of additional Full name of Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship